

CONFIDENTIAL

Confidential Information Form Criminal Complaint

Complete the defendant's SSN information if known. If this form is submitted as part of a Police Criminal Complaint, the NCIC Cautions/Medical Conditions and Scars/Marks/Tattoos sections should also be completed if known.

Docket Number:	Date Filed: / /	OTN/LiveScan Number (LiveScan number preferred)		Complaint/Incident Number
Defendant Name	First:	Middle:	Last:	

NCIC Cautions and Medical Conditions (check up to 9)				
00	20	50	70	01
05	25	55	80	
10	30	60	85	
15	40	65	90	

Scars, Marks, Tattoos (NCIC Codes)	
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Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	Reference in Filing:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance (DLN): _____ Expires (DLN): _____ State Identification Number (SID): _____	Alternate Reference: SSN1 Alternate Reference: FAN1 Alternate Reference: DLN1 Alternate Reference: SID1

Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Affiant _____

Date _____

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

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Additional page (if necessary)

This Information Pertains to:	Confidential Information:	Reference in Filing:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance (DLN): _____ Expires (DLN): _____ State Identification Number (SID): _____	Alternate Reference: SSN _____ Alternate Reference: FAN _____ Alternate Reference: DLN _____ Alternate Reference: SID _____
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance (DLN): _____ Expires (DLN): _____ State Identification Number (SID): _____	Alternate Reference: SSN _____ Alternate Reference: FAN _____ Alternate Reference: DLN _____ Alternate Reference: SID _____
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CONFIDENTIAL INFORMATION FORM



CRIMINAL COMPLAINT INSTRUCTIONS

Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any Criminal Complaint filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.

The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Do not include confidential information in any other document filed with the court under this docket.

If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference.

- i.e. SSN 3, SSN 4, etc.

This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.